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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than Ar	Authorized Comm	ittee	0	office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LA OR TYPE OR PRINT		ing, type	• • • •	
American Academy of Famil		on Committee			
ADDRESS (number and street)	2021 Massachusetts	Avenue, NW			
Check if different than previously reported. (ACC)	Washington			DC L	20036
2. FEC IDENTIFICATION NUI	MBER ₩	CITY 🛋	STA	ATE A	ZIPCODE 🛕
C00411553		3. IS THIS REPORT	NEW (N) OR	AMEN (A)	NDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Compared on the content of the content of the content on the content of the content on th	(c) 12-Day PRE-Electi Report for (d) 30-Day Post -Elect Report for	the: Convention Election on General (3	n (12C)	Aug 20 X Sep 20 Oct 20 General (120 Special (125 Runoff (30R	Year Only) (M9) (M9) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) G) Runoff (12R) S) in the State of
5. Covering Period 0	8 01 201	0 throug	h 08	3 1	2010
I certify that I have examined this Type or Print Name of Treasurer	Developed Mandage	-	t is true, correct and	d complete.	
Signature of Treasurer Electro NOTE: Submission of false, error		I K. Wexler, MD	Date		2 0 2 0 1 0
Office Use	oneous, or incomplete into	I I I I I I I I I I I I I I I I I I I	GISOTI SIYIIIIY (IIIS H		FEC FORM 3X

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/37

Write or Type Committee Name American Academy of Family Physicians Political Action Committee

D D " D 08 0 1 2010 0.8 3 1 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 263211.18 January 1 (b) Cash on Hand at 206400.61 Begining of Reporting Period 18507.21 231782.39 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 224907.82 494993.57 6(a) and 6(c) for Column B) 18394.93 288480.68 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 206512.89 206512.89 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 37

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From: 0 8

D D 0 1

Y Y W Y 2 0 1 0

n. 08

D D 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	13179.85	182022.15
(ii) Unitemized	4632.27	45118.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17812.12	227141.05
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17812.12	227141.05
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	695.09	4141.34
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	500.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18507.21	231782.39
. Total Federal Receipts (subtract Line 18(c) from Line 19)	18507.21	231782.39

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 37

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	394.93	4530.68
	Expenditures(c) Total Operating Expenditures	094.90	+330.00
	(add 21(a)(i), (a)(ii) and (b))	394.93	4530.68
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	18000.00	283500.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
(a)	(a) Individuals/Persons Other Than Political Committees	0.00	450.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	450.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) redetal State		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,	19204.02	000400 60
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18394.93	288480.68
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	18394.93	288480.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 37

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	17812.12	227141.05
4. Total Contribution Refunds (from Line 28(d))	0.00	450.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17812.12	226691.05
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	394.93	4530.68
7. Offsets to Operating Expenditures (from Line 15, page 3)	695.09	4141.34
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-300.16	389.34

FE6AN026

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for c	commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nerican Academy of Family Physicia	ans Political	Action Committee	
A. Free	Name (Last, First, Middle Initial) deric Baker, MD			Date of Receipt
Mai ————————————————————————————————————	ling Address 32 Mark Cir	State	Zip Code	0 8 1 7 2 0 1 0 Transaction ID: C968198
-	lden	MA	01520-1410	Amount of Each Receipt this Period
FEG	C ID number of contributing eral political committee.	C		43.64
Nar UM	ne of Employer MHC	Occupatio Physicia		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 305.48	
3. Jus	Name (Last, First, Middle Initial) tin V Bartos, MD ling Address 4351 Booth Calloway F	Rd Sta 101		Date of Receipt
	ang Address 4551 Booth Calloway F	08 20 2010		
City		State	Zip Code	Transaction ID: C968772
FE	rth Richland Hil CID number of contributing eral political committee.	C	76180-7319	Amount of Each Receipt this Period 31.00
Nar Nor ne	ne of Employer th Hills Family Medici-	Occupatio Physicial		
Rec	eeipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 248.00	
	Name (Last, First, Middle Initial) ne Goforth Baumer, MD			Date of Receipt
Mai	ling Address 1500 S Main St			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C966545
FE	rt Worth C ID number of contributing eral political committee.	C	76104-4917	Amount of Each Receipt this Period 208.00
Nar Sel	ne of Employer f Employed	Occupatio Physicia		
Rec	eeipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 1664.00	
SUBT	OTAL of Receipts This Page (optional)			282.64
TOTA	L This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 37 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	cians Political	Action Committee	
۱.	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO Mailing Address 3600 W Market St St	100		Date of Receipt
	walling Address 3000 W Warket St St	.e 102		08 29 2010
	City	State	Zip Code	Transaction ID: C972040
	Fairlawn	OH	44333-4540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.50
	Name of Employer Akron General Medical Cen- ter	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		219.00	
_	Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD			Date of Receipt
	Mailing Address 4407 Leedy Rd			0 8 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: C971767
	Kingsport	TN	37664-2117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer East Tennessee State Univ- ersity	Occupation Family P		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
_	Full Name (Last, First, Middle Initial) Robert C M Bourne, MD			Date of Receipt
	Mailing Address 1300 E Cooley Dr			0 8 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C969892
	Colton	CA	92324-3905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	Name of Employer Beaver Medical Group	Occupation Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		301.43	
	SUBTOTAL of Receipts This Page (optional)			166.92

City State Zip Code WA 98026-4435 FEC ID number of contributing federal political committee. Name of Employer Wa DSHS/Flairlier School Receipt For:	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. A. A. A. A. Marrican Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) June G Bredin, MD Mailing Address 4924 153Rd PI Sw City State Zip Code Edmonds WA 98026-4435 FEC ID number of contributing federal political committee. Name of Employer Wa DSHS/Raifler School Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 109 Picadilly Rd City State Zip Code PA 16870-7599 FEC ID number of contributing federal political committee. City State Zip Code PA 16870-7599 FEC ID number of contributing federal political committee. C State Zip Code PA 16870-7599 FEC ID number of contributing federal political committee. C State Zip Code PA 16870-7599 FEC ID number of contributing federal political committee. C State Zip Code PA 16870-7599 FEC ID number of contributing federal political committee. C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Primary General Other (specify) ▼ C State Zip Code Port Collins C G 90524-3952 FEC ID number of contributing federal political committee. C G 90524-3952 FEC ID number of contributing federal political committee. C G 90524-3952 FEC ID number of contributing federal political committee. C G 90524-3952 FEC ID number of contributing federal political committee. C G 90524-3952 FEC ID number of contributing federal political committee. C G 90524-3952 FEC ID number of contributing federal political committee. C G 90524-3952 FEC ID number of contributing federal political committee. C G 90524-3952 FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. C 90524-3952 FEC ID number of contributing federal political committee. C 90524-3952 FEC ID number of contributing federal political committee. C 90524-3	or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
A. June G Bradin, MD Mailling Address 4924 153Rd PI SW City State Zip Code Edmonds WA 98026-4435 FEC ID number of contributing federal political committee. Name of Employer Wa DSHS/Rairlier School Receipt For: Primary General Occupation Physician FEC ID number of contributing federal political committee. Part Matilida PA 16870-7509 City State Zip Code PA 16870-7509 FEC ID number of contributing federal political committee. C 1 250.00 Date of Receipt Transaction ID: C969836 Amount of Each Receipt this Period Date of Receipt Transaction ID: C969836 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: C969836 Amount of Each Receipt this Period Date of Receipt D		cians Political Action Committee	
City State Zip Code WA 98026-4435 FEC ID number of contributing federal political committee. Name of Employer Wa DSHS/Rainier School Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mary Frances Callahan, MD Mailing Address 109 Picadilly Rd City State Zip Code PA 16870-7509 FEC ID number of contributing federal political committee. Name of Employer Gysinger Medical Group Primary General City State Zip Code PA 16870-7509 FEC ID number of contributing federal political committee. Name of Employer Gysinger Medical Group Primary General City State Zip Code PA 16870-7509 City State Zip Code Physician Receipt For: Primary General City State Zip Code Physician Receipt For: Primary General City State Zip Code Physician Receipt For: Primary General City State Zip Code Port Collins CO 80524-3952 FEC ID number of contributing federal political committee. City State Zip Code City State Zip Code FEC ID number of contributing federal political committee. Composition Receipt For: Primary General Coccupation Physician Receipt For: Primary General	A. June G Bredin, MD		<u> </u>
Edmonds FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Fill Name (Last, First, Middle Initial) Name of Employer Gysinger Medical Group Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer Gysinger Medical Group Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer Gysinger Medical Group For Matilida Receipt Tor. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Cory D Carroll, MD Mailing Address 1040 E Elizabeth St Ste 2 City State Zip Code Port Collins Co 80524-3952 FEC ID number of contributing federal political committee. Co 80524-3952 FEC ID number of contributing federal political committee. Co 80524-3952 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: C968199 Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General		State Zin Code	08 13 2010
FEC ID number of contributing federal political committee. Name of Employer Wa DSHS/Rainfier School Receipt For: Primary General Other (specify) ▼ 240.00 Full Name (Last, First, Middle Initial) Mailing Address 109 Picadilly Rd City State Zip Code PA 16870-7509 FEC ID number of contributing federal political committee. Primary General Occupation Physician Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ City State Zip Code PA 16870-7509 FULL Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 City State Zip Code Physician Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: C9681936 Amount of Each Receipt this Period Date of Receipt Transaction ID: C968199 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C968199 Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period Transaction ID: C968199 Amount of Each Receipt this Period Solution Physician Receipt For: Name of Employer Self Employer Self Employer Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	-		
Receipt For:	FEC ID number of contributing		30.00
Primary	Name of Employer Wa DSHS/Rainier School	· ·	
Amount of Each Receipt this Period FEC ID number of contributing federal political Group Finance Callahan, MD City State PA 16870-7509 FEC ID number of contributing federal political Group Physician Receipt For: Primary General City State Zip Code PA 16870-7509 Cocupation Physician Aggregate Year-to-Date Primary Date of Receipt Transaction ID: C969836 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: C969836 Amount of Each Receipt this Period Date of Receipt Transaction ID: C968199 Date of Receipt Transaction ID: C968199 Amount of Each Receipt this Period Date of Receipt Transaction ID: C968199 Amount of Each Receipt this Period Date of Receipt Transaction ID: C968199 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: C968199 Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt this Period	Primary General		
City State Zip Code PA 16870-7509 FEC ID number of contributing federal political committee. Name of Employer Gysinger Medical Group Receipt For: Primary General Other (specify) ▼ City State Zip Code PA 16870-7509 Amount of Each Receipt this Period 250.0 Date of Receipt Transaction ID: C969836 Amount of Each Receipt this Period 250.0 Date of Receipt Transaction ID: C969836 Transaction ID: C969836 Transaction ID: C969836 Amount of Each Receipt this Period Date of Receipt Transaction ID: C969836 Transaction ID: C968199 Date of Receipt Transaction ID: C968199 Date of Receipt Transaction ID: C968199 Date of Receipt Transaction ID: C968199 Transaction ID: C968199 Date of Receipt Transaction ID: C968199 Transaction ID: C968199 Transaction ID: C968199 Amount of Each Receipt this Period Transaction ID: C968199 Transaction ID: C968199 Amount of Each Receipt this Period Transaction ID: C968199 Transaction ID: C968199 Transaction ID: C968199 Amount of Each Receipt this Period Transaction ID: C968199 T	Mary Frances Callahan, MD		M M / D D / Y Y Y Y
Port Matilda PA 16870-7509 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Gysinger Medical Group Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Cory D Carroll, MD Mailing Address 1040 E Elizabeth St Ste 2 City State Zip Code Fort Collins CO 80524-3952 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Physician Receipt For: Primary General Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Aggregate Year-to-Date ▼	City	State Zin Code	
FEC ID number of contributing federal political committee. Name of Employer Gysinger Medical Group Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Cory D Carroll, MD Mailing Address 1040 E Elizabeth St Ste 2 City State Zip Code Fort Collins CO 80524-3952 FEC ID number of contributing federal political committee. Name of Employer Self Employed Physician Receipt For: Primary General Occupation Physician Receipt For: Primary General Aggregate Year-to-Date ▼ 150.00	•		
Gysinger Médical Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Cory D Carroll, MD Mailing Address 1040 E Elizabeth St Ste 2 City State Zip Code Fort Collins CO 80524-3952 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt M M M / D D / 2 01 Transaction ID: C968199 Amount of Each Receipt this Period 50.0	FEC ID number of contributing		250.00
Primary General Other (specify) ▼ Primary General Other (specify) ▼ Prill Name (Last, First, Middle Initial) Cory D Carroll, MD Mailing Address 1040 E Elizabeth St Ste 2 City State Zip Code Fort Collins CO 80524-3952 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Primary General Primary General Primary General Primary General Pagregate Year-to-Date ▼ Primary General	Name of Employer Gysinger Medical Group		
Cory D Carroll, MD Mailing Address 1040 E Elizabeth St Ste 2 City State Zip Code Fort Collins CO 80524-3952 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City State Zip Code Fort Collins CO 80524-3952 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General O 8 1 7 2 0 1 Transaction ID: C968199 Amount of Each Receipt this Period 50.0			Date of Receipt
Fort Collins CO 80524-3952 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Physician Receipt For: Primary General Aggregate Year-to-Date ▼	Mailing Address 1040 E Elizabeth St S	Ste 2	08 17 2010
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General C 50.00	•	•	
Receipt For: Primary General Aggregate Year-to-Date OFFICIAL Aggregate Year-to-Date	FEC ID number of contributing		Amount of Each Receipt this Period 50.00
Primary General	Name of Employer Self Employed		
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		330.00

	FEMIZED RECEIPTS	Use separate schedi for each category of Detailed Summary P	the (Check only one)
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by a name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political Action Committee	
۷.	Full Name (Last, First, Middle Initial) James George Chaconas, MD		Date of Receipt
	Mailing Address 1832 Cove Point Rd	Chata 7's Code	08 06 2010
	City Annapolis	State Zip Code MD 21401-1010	Transaction ID: C963797 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer MPCP	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365	5.00
	Full Name (Last, First, Middle Initial) Sheree Clark, MD		Date of Receipt
	Mailing Address 4227 Partridge Ln Ste D2100		08 17 2010
	City	State Zip Code	Transaction ID: C967541
	Midland FEC ID number of contributing federal political committee.	MI 48640-2107	Amount of Each Receipt this Period 365.00
	Name of Employer Mid-Michigan Physicians Group	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5.00
. –	Full Name (Last, First, Middle Initial) Steven A Crawford, MD		Date of Receipt
	Mailing Address 900 Ne 10Th St		08 05 7 2010
	City	State Zip Code	Transaction ID: C963662
	Oklahoma City FEC ID number of contributing federal political committee.	OK 73104-5420	Amount of Each Receipt this Period 230.00
	Name of Employer University of Oklahoma	Occupation Physician Faculty	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	SUBTOTAL of Receipts This Page (optional) .	1	960.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Academy of Family Physic	ians Political Action Committee	
۸.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD		Date of Receipt
	Mailing Address 301 Governors Dr Sv		08 24 2010
	City Huntsville	State Zip Code AL 35801-5122	Transaction ID: C970031 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Univ. of AL Sch of Med - Huntsville Re	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
- s.	Full Name (Last, First, Middle Initial) Samuel Alfred Crow, MD		Date of Receipt
	Mailing Address 1640 E Kearney St		08 17 2010
	City	State Zip Code	Transaction ID: C967544
	Springfield FEC ID number of contributing federal political committee.	MO 65803-4106	Amount of Each Receipt this Period 365.00
	Name of Employer St. Johns Family Medicine	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
. –	Full Name (Last, First, Middle Initial) Jose M David, MD		Date of Receipt
	Mailing Address 804 Huntington Ct		08 19 2010
	City Albany	State Zip Code NY 12203-6015	Transaction ID: C968603 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Prime Care Physicians	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)		910.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Mark A Dickens			Date of Receipt
	Mailing Address 2164 Commons Pkwy	/		08 / 10 / 2010
	City Okemos	State MI	Zip Code 48864-3986	Transaction ID: C964972 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10004 0000	60.00
	Name of Employer Michigan Academy of Family Physicians	Occupatio CEO	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	
_	Full Name (Last, First, Middle Initial) Sheridan Scott Evans, MD			Date of Receipt
	Mailing Address 417 Shumate Dr			08 / 18 / 2010
	City	State	Zip Code	Transaction ID: C968549
	Mckinney FEC ID number of contributing federal political committee.	C	75071-7851	Amount of Each Receipt this Period 31.50
	Name of Employer Self Employed	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		252.00	
_	Full Name (Last, First, Middle Initial) Wanda D Filer, MD			Date of Receipt
	Mailing Address 510 Aqua Ct			0 8 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: C966351
	York FEC ID number of contributing federal political committee.	C	17403-3623	Amount of Each Receipt this Period 350.00
	Name of Employer Strategic Health Institute	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2800.00	
	SUBTOTAL of Receipts This Page (optional) .	1		441.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 37 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Seth Yawki Flagg, MD Mailing Address 9129 Bradford Rd			Date of Receipt
	City	State	Zip Code	0 8 0 3 2 0 1 0 Transaction ID: C962041
	Silver Spring FEC ID number of contributing federal political committee.	MD C	20901-4917	Amount of Each Receipt this Period 35.00
	Name of Employer USN	Occupation Doctor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 255.00	
 3.	Full Name (Last, First, Middle Initial) Michael O Fleming, MD Mailing Address 556 Dunmoreland Dr	ı		Date of Receipt 0 8 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: C972035
	Shreveport FEC ID number of contributing federal political committee.	C	71106-6125	Amount of Each Receipt this Period 250.00
	Name of Employer Amedisys, Inc.	Occupation Chief Me	n dical Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Robert Charles Glorioso, MD			Date of Receipt
	Mailing Address 2320 Ashleigh Dr	Obsta	7'- 0-4-	08 06 2010
	City <u>York</u>	State PA	Zip Code 17402-4987	Transaction ID: C964018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political Action Committee	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt
Mailing Address 1600 Providence D	r	0 8 1 2 2 0 1 0
City	State Zip Code	Transaction ID: C966411
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	417.00
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3336.00	
Full Name (Last, First, Middle Initial) Boyde Jerome Harrison, MD	I	Date of Receipt
Mailing Address 904 26th Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C971769
<u>Haleyville</u>	AL 35565-0655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Lori J Heim, MD	I	Date of Receipt
Mailing Address 250 Hollybrook Far	m Ln	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C964955
Vass	NC 28394-8952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Scotland Memorial Hospital	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3333.36	
SUBTOTAL of Receipts This Page (optional	(ls	883.67

•••	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16
Ar or	ry information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committee	
	Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD		Date of Receipt
	Mailing Address PO BOX 5039		08 / 21 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: C969822
	Sioux Falls	SD 57117-5039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Sioux Valley Health Syste- ms	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4000.00	
	Full Name (Last, First, Middle Initial) Beulette Y Hooks, MD		Date of Receipt
	Mailing Address 7286 E Wynfield Loo	0 8 D D D D D D D D D D D D D D D D D D	
	City	Transaction ID: C963666	
	Midland	GA 31820-3925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	91.25
	Name of Employer DOD	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Elvin C Irvin, MD	<u> </u>	Date of Receipt
	Mailing Address 555 East Cheves Stre	0 8 1 6 2 0 1 0	
	City	State Zip Code	Transaction ID: C967514
	Florence	SC 29502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Baptist Health Care	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
	UBTOTAL of Receipts This Page (optional)	.1	641.25

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD			Date of Receipt
	Mailing Address 6502 62Nd Street Ct V			08 28 2010
	City University Place	State WA	Zip Code 98467-4954	Transaction ID: C972036 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30407 4334	50.00
	Name of Employer Multicare Health System	Occupatio Family P		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Gregory Michael Kimura, MD Mailing Address 16352 Sundancer Ln	1		Date of Receipt
		Ot-t-	7in Onda	08 05 2010
	City Huntington Beach	State CA	Zip Code 92649-2530	Transaction ID: C963715 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Centers For Family Medici- ne	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
_ С.	Full Name (Last, First, Middle Initial) James Darrel King, MD	<u> </u>		Date of Receipt
	Mailing Address 1 Prime Care Dr			0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C961556
	Selmer FEC ID number of contributing federal political committee.	C	38375-1864	Amount of Each Receipt this Period 500.00
	Name of Employer Primecare Medical Center	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 4000.00	
	SUBTOTAL of Receipts This Page (optional)			850.00
F	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political Action Committee	
Full Name (Last, First, Middle Initial) Sandra F King, RN		Date of Receipt
Mailing Address 1452 High School F	Rd State Zip Code	08 01 2010
City <u>Se</u> lmer	TN 38375-2342	Transaction ID: C961557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Unemployed	Occupation Registered Nurse	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Laura C Knobel, MD		Date of Receipt
Mailing Address 3 Freedom Way	08 / 18 / 2010	
City	State Zip Code	Transaction ID: C968580
Walpole	MA 02081-2290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00]
Full Name (Last, First, Middle Initial) Darlene L Lawrence, MD		Date of Receipt
Mailing Address 1530 Gallatin PI NE		08 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C967497
Washington	DC 20017-3101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.42
Name of Employer Medstar	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	243.36]
SUBTOTAL of Receipts This Page (optional	ıl)	205.42
TOTAL This Period (last page this line num	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
	Full Name (Last, First, Middle Initial) Timothy F Linder, MD			Date of Receipt
	Mailing Address 1 Prime Care Dr			08 04 2010
	City <u>Selme</u> r	State TN	Zip Code 38375-1864	Transaction ID: C962412 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Primecare Medical Center	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4000.00	
_	Full Name (Last, First, Middle Initial) Beth Lawson Loney, MD			Date of Receipt
	Mailing Address 4813 E 27th St N			0 8 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C961587
	Wichita	KS	67220-2632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Wesley Famiy Medicine Rei- sdency	Occupation Resident		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Karim Habib Lopez, MD			Date of Receipt
	Mailing Address 6966 Crystal Creek D	0 8 3 1 2 0 1 0		
	City	State	Zip Code	Transaction ID: C977716
	Brecksville FEC ID number of contributing	OH C	44141-2174	Amount of Each Receipt this Period 365.00
	Name of Employer Metro Health Hospital	Occupatio		
	Receipt For:	Physicia Aggregate	n e Year-to-Date ▼	-
	Primary General Other (specify) ▼	.39.3940	365.00	
		1		1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 37 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) Leah Raye R Mabry, MD			Date of Receipt
Mailing Address 339 S Presa St			08 22 2010
City	State	Zip Code	Transaction ID: C969828
San Antonio	TX	78205-3425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer Christus Health Care	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	
Full Name (Last, First, Middle Initial) Jesus A Manteca, MD			Date of Receipt
Mailing Address 1832 Weeg Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C964644
Park Ridge	IL	60068-1230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Information Requested	Occupation	n on Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Michele C Marler, MD			Date of Receipt
Mailing Address 122 10Th Ave S			08 09 7 2010
City	State	Zip Code	Transaction ID: C964646
Shelby	MT	59474-2224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/37 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phy	<u> </u>		
Full Name (Last, First, Middle Initial) Larry Thomas McClure, MD			Date of Receipt
Mailing Address 908 Wallace Ave S	0 8 1 7 2 0 1 0		
City Leitchfield	State KY	Zip Code 42754-1479	Transaction ID: C967543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42/34-14/3	365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Amy Kristen McIntyre, MD			Date of Receipt
Mailing Address 695 E Holly St Apt 302			0 8 0 4 2 0 1 0
City Boise	State ID	Zip Code	Transaction ID: C962432
FEC ID number of contributing federal political committee.	C	83712-7817	Amount of Each Receipt this Period 50.00
Name of Employer Family Medicine Residency	Occupation	n Physician	
of Idaho Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Howard C McMahan, MD			Date of Receipt
Mailing Address PO BOX 779			0 8 1 4 2 0 1 0
City	State	Zip Code	Transaction ID: C967494
<u>Ocilla</u>	GA	31774-0779	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			477.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any person the name and address of any political committee sicians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Randolph V Merrick, MD Mailing Address 303 Madison Rd # B		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Orange	State Zip Code VA 22960-1015	Transaction ID: C977196 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Physician	250.00	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Katherine Merrill, MD Mailing Address 35798 Dow Ln	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: C964629	
Astoria	OR 97103-8110	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Kevin P Mikus, MD	1	Date of Receipt	
Mailing Address 2407 Plantation Ce	Mailing Address 2407 Plantation Center Dr, Ste 102		
City Matthews	State Zip Code NC 28105-6614	Transaction ID: C971770	
FEC ID number of contributing federal political committee.	NC 28105-6614	Amount of Each Receipt this Period	
Name of Employer Carolinas Physician Netwo- rk	Occupation Family Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		
SUBTOTAL of Receipts This Page (optional	· (la	850.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/3/ (check only one)		
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Academy of Family Phy					
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD			Date of Receipt		
	Mailing Address 104 W 5Th Ave Ste 200W				
City Spokane	State WA	Zip Code 99204-4803	Transaction ID: C964078 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	33204 4000	100.00		
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00			
Full Name (Last, First, Middle Initial) Cheri L Olson, MD	Date of Receipt				
Mailing Address 102 Kinder Rd	0 8 1 3 2 0 1 0				
City	State	Zip Code	Transaction ID: C967487		
La Crescent FEC ID number of contributing federal political committee.	C	55947-9741	Amount of Each Receipt this Period 365.00		
Name of Employer Franciscan Healthcare	Occupation Physician				
Receipt For: Primary General		e Year-to-Date ▼	1		
Other (specify) ▼		365.00			
Full Name (Last, First, Middle Initial) Yvette Oquendo, MD			Date of Receipt		
Mailing Address 7442 Weather Wo	orn Way		0 8 1 4 2 0 1 0		
City	State	Zip Code	Transaction ID: C967498		
Columbia FEC ID number of contributing federal political committee.	C	21046-1480	Amount of Each Receipt this Period 35.00		
Name of Employer Potomac Physicians, PA	Occupation Physician				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 280.00			
SUBTOTAL of Receipts This Page (option	nal)		500.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 37 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any person the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Javette C Orgain, MD Mailing Address PO BOX 806527		Date of Receipt M
City <u>Chicago</u>	State Zip Code IL 60680-4126	Transaction ID: C967495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer University of Illinois Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Donya Ann Powers, MD Mailing Address 174 Armistice Blvd	Date of Receipt 0 8 0 2 2 0 1 0	
City	Transaction ID: C961562	
<u>Pawtucket</u>	RI 02860-3269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Kenneth M Ripp, MD Mailing Address 1402 Slate St		Date of Receipt
		08 30 2010
City Cloquet	State Zip Code MN 55720-3033	Transaction ID: C972046
FEC ID number of contributing federal political committee.	MN 55720-3033	Amount of Each Receipt this Period 35.00
Name of Employer Raiter Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	al)	360.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Sarah L Sams, MD Mailing Address 2994 Frazell Rd			Date of Receipt 0 8 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: C972037
	Hilliard FEC ID number of contributing federal political committee.	OH C	43026-9785	Amount of Each Receipt this Period 100.00
	Name of Employer Grant Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
- 3.	Full Name (Last, First, Middle Initial) Maria A Schiaffino, MD Mailing Address 4413 Paces Battle Nw			Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: C966543
	Atlanta FEC ID number of contributing federal political committee.	GA C	30327-3023	Amount of Each Receipt this Period 50.00
	Name of Employer The Southeast Permanente Medical Grou Receipt For: Primary Other (specify) ▼	Occupation Physicia Aggregate		
- C.	Full Name (Last, First, Middle Initial) Larry A Severa, MD Mailing Address 61 Calendula Ct			Date of Receipt
	City	State	Zip Code	0 8 2 2 2 0 1 0 Transaction ID: C969829
	Billings	MT	59105-2379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.50
	Name of Employer Billings Clinic	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 255.50	
	SUBTOTAL of Receipts This Page (optional)			186.50
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 37 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) George Wm Shannon, MD		Date of Receipt
Mailing Address 2301 Slate Dr		08 11 2010
City	State Zip Code	Transaction ID: C966352
Columbus	GA 31906-1443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Horizons Diagnostics LLC	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD		Date of Receipt
Mailing Address 4133 Bilglade Rd	0 8 1 9 2 0 1 0	
City	State Zip Code	Transaction ID: C968662
Fort Worth	TX 76109-5436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer University of North Texas Health Scien	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	427.00	
Full Name (Last, First, Middle Initial) Brent Smith, MD		Date of Receipt
Mailing Address 285 Normandy Cir		0 8 1 0 Y Y Y Y Y
City	State Zip Code	Transaction ID: C964953
Madison	MS 39110-9057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.50
Name of Employer University of Mississippi Medical Cent	Occupation House Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	244.00	
)	267.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to any sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Don A Solberg, MD	,	Date of Receipt
Mailing Address 716 E Manitoba	Ave	08 14 2010
City	State Zip Code	Transaction ID: C967499
Ellensburg	WA 98926-3842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer Valley Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 292.00	
Full Name (Last, First, Middle Initial) Windel A Stracener, MD	Date of Receipt	
Mailing Address 1050 Reid Pkwy Ste 210	Ste 210	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C963670
Richmond	IN 47374-1160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	122.45
Name of Employer Inpatient Management Inc	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.21	
Full Name (Last, First, Middle Initial) Glen R Stream, MD		Date of Receipt
Mailing Address 14408 E Sprague	e Ave	0 8 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Spokane Valley	State Zip Code WA 99216-2167	Transaction ID: C966353 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rockwood Clinic	Occupation physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
SUBTOTAL of Receipts This Page (option	onal)	658.95

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 37 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physical Programmers (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to cians Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Nancy C Swikert, MD Mailing Address 8780 Us Highway 42	2	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C970293
Florence	KY 41042-6936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Elizabeth	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael P Temporal, MD		Date of Receipt
Mailing Address 180 S 3Rd St Ste 40	00	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C967501
Belleville	IL 62220-1952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Saint Louis University	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
Full Name (Last, First, Middle Initial) Michelle Torres, MD		Date of Receipt
Mailing Address 914 Shady Bend Dr Apt 624		0 8 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C969835
Kennedale	TX 76060-5493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Texas Health Care	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
CURTOTAL of Donointo This Dogo (anticard)	907.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 37 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	 d Statements may not be sold or used by any pers the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle, MD		Date of Receipt
Mailing Address PO BOX 960		0 8 2 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: C971768
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	292.00	
Full Name (Last, First, Middle Initial) Raymond R Walker, MD	1	Date of Receipt
Mailing Address 4130 Persimmon Hil	II Cv	0 8 1 0 2 0 1 0
City	State Zip Code	Transaction ID: C964954
Bartlett	TN 38135-5175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tenet Healthcare	Occupation Physician/Hospitalist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Thomas J Weida, MD		Date of Receipt
Mailing Address 845 Fishburn Rd		08 21 2010
City	State Zip Code	Transaction ID: C969821
Hershey	PA 17033-2015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Hershey Medical Center	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
		336.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 37 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles W White, MD Mailing Address 250 Boswell St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Lexington FEC ID number of contributing federal political committee.	State TN	Zip Code 38351-1566	Transaction ID: C963796 Amount of Each Receipt this Period 100.00
Name of Employer Lexington Family Physicia- ns Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) J Mack Worthington, MD Mailing Address 1100 E 3Rd St			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chattanooga FEC ID number of contributing federal political committee.	State TN	Zip Code 37403-2241	Transaction ID: C961576 Amount of Each Receipt this Period 100.00
Name of Employer University of Tennessee Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate]
Full Name (Last, First, Middle Initial) David K Zetterman, MD Mailing Address PO BOX 1817			Date of Receipt 0 8 2 9 2 0 1 0
City Seward FEC ID number of contributing federal political committee.	State AK	Zip Code 99664-1817	Transaction ID: C972041 Amount of Each Receipt this Period 35.00
Name of Employer Chugachmint Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
SUBTOTAL of Receipts This Page (optional	l)	_	235.00
TOTAL This Period (last page this line num	ber only)		13179.85

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 37 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
A C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	ne name and add	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cr	eek Pkwy		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Leawood FEC ID number of contributing	State KS	Zip Code 66211-2672	Transaction ID: C962283 Amount of Each Receipt this Period 318.91
	federal political committee. Name of Employer	Occupation	1	316.91
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4141.34	
— В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cr	eek Pkwy		Date of Receipt 0 8 0 9 2 0 1 0
	City	State	Zip Code	Transaction ID: C964323
	Leawood FEC ID number of contributing federal political committee. Name of Employer	C	66211-2672	Amount of Each Receipt this Period 48.73
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 4141.34	
_ C.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Cr			08 / 031 / 2010
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID: C977299 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	302112072	327.45
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4141.34	
	SUBTOTAL of Receipts This Page (optional)			695.09
	TOTAL This Period (last page this line numbe	er only)		695.09

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30/37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan	ments may not be sold or used	by any person for	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	to and address of any pointed		ion contributions from Such Committee
American Academy of Family Physicians	Political Action Committe	е	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D97000 Date of Disbursement
Mailing Address PO Box 53852			08 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee		•	13.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	Турс	
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D97001 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 0 & D & Z \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			1.63
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D97002 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & O \\ O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			26.72
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)	1		41.35

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 31/37
TEMIZED DISBURSEMENTS	for each category of the	(check only	□ 22 □ 23 □	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	e		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disbursement	
Mailing Address PO Box 53852			08 09	2010
	State Zip Code AZ 85072-3852		Amount of Each Dis	bursement this Period
Purpose of Disbursement Bank card processing fee		•		1.14
Candidate Name		Category/		
		Type		
Office Sought: House Disburse Senate	ment For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D Date of Disburseme	
			M M / D D D D D D D D D D D D D D D D D	
Mailing Address PO Box 53852			08 10	² 0 1 0 ³
•	State Zip Code AZ 85072-3852		Amount of Each Dis	bursement this Period
Purpose of Disbursement	AZ 65072-3652			3.25
Bank card processing fee				
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate	ment For: Primary General Gen			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disbursemen	
			M M / D D	
Mailing Address PO Box 53852			0 8 1 3	Y Ž O Ĭ O Y
	State Zip Code AZ 85072-3852		Amount of Each Dis	bursement this Period
Purpose of Disbursement				3.25
Bank card processing fee				
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	71 -		
Senate	Primary General			
State: District:	Other (specify)			
2				
SUBTOTAL of Disbursements This Page (optional)				7.64

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 32/37
TEMIZED DISBURSEMENTS	for each category of the	(check only	y one) □ 22 □ 23 □	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	e		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Do Date of Disbursemen	
Mailing Address PO Box 53852			08 / 16	['] 2010 [']
	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement Bank card processing fee	AZ 03072-3032	0 0		21.67
Candidate Name		Category/		
Office Sought: House Disburse	ment For:	Туре		
Senate President	Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Transaction ID: D	
American Express			Date of Disbursemer	
Mailing Address PO Box 53852			08 / 16	Y 2010 Y
•	State Zip Code AZ 85072-3852		Amount of Each Dist	oursement this Period
Purpose of Disbursement				7.48
Bank card processing fee Candidate Name		Cotogony		
		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			
State: District:	Curor (opeony)			
Full Name (Last, First, Middle Initial)			Transaction ID: D	97194
American Express			Date of Disbursemer	
Mailing Address PO Box 53852			08 / 17	^y 2010 ^y
	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement Bank card processing fee		•	L	7.74
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	. , , pc		
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .				36.89

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В.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	edule(s) FOR LINE NUMBER:		PAGE 33/37			
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)] 22	25 🗆 26			
	Detailed Summary Page	27	28a 28b 28				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	e and address of any political col	TITTILLEE TO SOIL	on contributions from suc	TI COMMITTILLEE			
American Academy of Family Physicians I	Political Action Committee						
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D97 Date of Disbursement	195			
Mailing Address PO Box 53852			08 / 18	2010			
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbur				
Purpose of Disbursement Bank card processing fee				6.36			
Candidate Name	C	Category/ Type					
Senate President	ement For: Primary General Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D97 Date of Disbursement				
Mailing Address PO Box 53852			08 / 19 /	Ý 2010 Ý			
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbur				
Purpose of Disbursement Bank card processing fee				1.01			
Candidate Name	C	Category/ Type					
Senate President	ement For: Primary General Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D97 Date of Disbursement				
Mailing Address PO Box 53852			08 / 20 /	Ý 2010 [°]			
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbur				
Purpose of Disbursement Bank card processing fee		-		2.49			
Candidate Name	C	Category/ Type					
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)				9.86			
TOTAL This Period (last page this line number only)							
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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 34/37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b		24 25 26
	Detailed Guillinary Fage	27		28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	ee		
Full Name (Last, First, Middle Initial)			Transaction ID: D	
American Express			Date of Disbursemen	/ V V V V
Mailing Address PO Box 53852			0 8 2 3	2010
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement	AZ 03072-3032	-		17.44
Bank card processing fee				
Candidate Name		Category/ Type		
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	(- /)			
Full Name (Last, First, Middle Initial)			Transaction ID: D	
American Express			Date of Disbursemen	
Mailing Address PO Box 53852			08 / 26	2010
•	State Zip Code		Amount of Each Disk	oursement this Period
Phoenix	AZ 85072-3852			0.65
Purpose of Disbursement Bank card processing fee				0.03
Candidate Name		Category/ Type		
- H	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Caron (openity)			
Full Name (Last, First, Middle Initial)			Transaction ID: DS	
American Express			Date of Disbursemen	
Mailing Address PO Box 53852			08 / 31	2010
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement	712 00072 0002			1.63
Bank card processing fee				
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:			
Senate	Primary General			
State: District:	Other (specify)			
				19.72
SUBTOTAL of Disbursements This Page (optional)				13.12

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				E NUMBER: PAGE 35 / 37 nly one)						37	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ì	_	1b 🗍 2		П	23 28b	24 280		25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name						the pu		se of s	oliciting o	ontri		
NAME OF COMMITTEE (In Full)												
American Academy of Family Physicians	Political Action Committee	е										
Full Name (Last, First, Middle Initial) American Express								on ID:	: D972 ement	01		
Mailing Address PO Box 53852						8 ^M 0	М	[/] 2	24	Y	2 0 1 () Y
City Phoenix	State Zip Code AZ 85072-3852					Amou	int o	f Each	Disburs	emer	nt this	Period
Purpose of Disbursement Bank card processing fee						L.					1.0	
Candidate Name				egory/ /pe								
Senate President	ement For: Primary General Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services						Date of	of D	isburs				
Mailing Address WA2-505-01-40 PO Box 2485						8 ^M 0	М	[′] □ C	2 /	Y	2 0 1 () [*]
City Spokane	State Zip Code WA 99210-2485					Amou	int o	f Each	Disburs			
Purpose of Disbursement Bank card processing fee						L.				2	251.26	5
Candidate Name				egory/ /pe								
Senate President	ement For: Primary General Other (specify) ▼											
State: District:					+							
Full Name (Last, First, Middle Initial) Discover Network						Date of		on ID: isburs	D970		/ ° \/ °	V
Mailing Address P O Box 52145						0 8	IVI	′	3 ′	2	0 1 (י ס
City Phoenix	State Zip Code AZ 85072-2145					Amou	int o	f Each	Disburs			
Purpose of Disbursement			Ů	-						-	27.20)
Bank card processing fee Candidate Name				egory/								
Senate President	ement For: Primary General Other (specify)			•								
State: District:												
SUBTOTAL of Disbursements This Page (optional)				. <u> </u>				-		2	79.47	7

394.93

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) (check or	E NUMBER: PAGE 36 / 37
TEMIZED DISBURSEMENTS	Detailed Summary Page 21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Star for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	ame and address of any political committee to s	
/ American Academy of Family Physicial	is Political Action Committee	
Full Name (Last, First, Middle Initial) Trivedi for Congress		Transaction ID: D97069 Date of Disbursement 0 8 0 2 6 7 2 0 1 0
Mailing Address 83 W Main St Ste 2		08 26 2010
City Elverson	State Zip Code PA 19520-9417	Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution		2500.00
Candidate Name Dr. Manan Trivedi	Category/ Type	
Senate President	ursement For: 2010 Primary X General Other (specify) ▼	-
State: PA District: 06 Full Name (Last, First, Middle Initial)		
CANTOR FOR CONGRESS		Transaction ID: D96926 Date of Disbursement
Mailing Address P. O. Box 17813		08 / 16 / 2010
City Richmond	State Zip Code VA 23226	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution		3000.00
Candidate Name Rep. Eric I. Cantor	Category/ Type	
Office Sought: X House Senate President State: VA District: 07	ursement For: 2010 Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRE	SS INC.	Transaction ID: D96928 Date of Disbursement
Mailing Address PO Box 682185		08 / 16 / 2010
City Franklin	State Zip Code TN 37068	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution		2500.00
Candidate Name Rep. Marsha Blackburn	Category/ Type	
Senate President	ursement For: 2010 Primary X General Other (specify) ▼	
State: TN District: 07		

SCHEDULE B (FEC Form 3X)		ate schedule(s)		NE NUMBER: PAGE 37 / 37
TEMIZED DISBURSEMENTS		ategory of the cummary Page	21b	only one) 22
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) American Academy of Family Physicians				
Full Name (Last, First, Middle Initial) BENNET FOR COLORADO				Transaction ID: D96929 Date of Disbursement
Mailing Address PO BOX 3078				088 / 016 / 2010
City DENVER	State CO	Zip Code 80201		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			0 0	5000.00
Candidate Name Sen. Michael Bennet			Category/ Type	
X Senate President	ement For: Primary Other (spec	2010 X General ify) ▼		
State: CO District: 00 Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SEN	ATE CAMP	AIGNI		Transaction ID: D97068
Mailing Address PO Box 3662	ATE CAMP	AIGN		Date of Disbursement 0 8 M / D 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seattle	State WA	Zip Code 98124-3662		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution				2500.00
Candidate Name Sen. Patty Murray			Category/ Type	
Office Sought: House X Senate President State: WA District; 00	ement For: Primary Other (spec	2010 X General ify) ▼		
Full Name (Last, First, Middle Initial) WEDGEPAC				Transaction ID: D96927 Date of Disbursement
Mailing Address PO Box 680063				08 / 16 / 2010
City Franklin	State TN	Zip Code 37068		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution				2500.00
Candidate Name			Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		
State: District:		•		
				10000.00
SUBTOTAL of Disbursements This Page (optional)				10000.00